

D.45 Sterilization Consent Form Instructions

Fully complete Sterilization Consent Forms may be faxed to TMHP at 512-514-4229. Consents should be accompanied by a cover sheet identifying the provider submitting the consent and should include the provider's mailing address and phone number. Claims and appeals are not accepted by fax. Non-Family Planning correspondence should not be sent to this number.

Clients must be at least 21 years of age when the consent form is signed.

There must be at least 30 days between the date the client signs the consent form and the date of surgery, with the following exceptions:

- Premature delivery—In these cases, there must be at least 30 days between the date of consent and the client's expected date of delivery
- Cases of Emergency Abdominal Surgery—In these cases, there must be at least 72 hours between the date of consent and the date of surgery. Operative reports detailing the need for emergency surgery are required.

Listed below are field descriptions for the Sterilization Consent Form published in this manual. Completion of all sections is required to validate the consent form, with only two exceptions:

- Race and ethnicity designation is always optional
- The Interpreter's Statement is not required as long as the consent form is written in the client's language or the person obtaining the consent speaks the client's language. However, if any blanks are filled out in this section, all blanks must be completed.

This Sterilization Consent Form may be copied for your use and providers are encouraged to frequently re-copy the original form to ensure legible copies and to expedite consent validation.

Required Fields

Consent to Sterilization

- 1) Client Medicaid/Family Planning Number—**for Title XIX clients, please use the client's Medicaid number. For non-Title XIX clients, please use the client's assigned Family Planning number, or write in "Title V," "Title X," or "Title XX."**
- 2) Client Name
- 3) Client's Address
- 4) Name of Doctor or Clinic
- 5) Name of the Sterilization Procedure
- 6) Day of Client's Birth date
- 7) Month of Client's Birth date
- 8) Year of Client's Birth date
- 9) Client's Name
- 10) Name of Doctor or Clinic
- 11) Name of the Sterilization Procedure
- 12) **Client's Signature**
- 13) Time of Day, Month, Day, and Year Client Signed the Consent to Sterilization—*Client must be at least **21 years of age on this date***

Interpreter's Statement

- 14) Client's Name
- 15) Name of Language Used by Interpreter
- 16) Interpreter's Signature
- 17) Day, Month, and Year of Interpreter's Signature

Statement of Person Obtaining Consent

- 18) Client's Name
- 19) Name of the Sterilization Operation
- 20) Signature of Person Obtaining Consent
- 21) Day, Month, and Year the Person Obtaining Consent Signed the Consent Form
- 22) Facility of the Person Obtaining Consent or the Clinic/Office where the Client Received the Sterilization Information
- 23) Address of Facility of the Person Obtaining Consent or the Clinic/Office where the Client Received the Sterilization Information

Physician's Statement

- 24) Client's Name
- 25) Time of Day, Month, Day, and Year Sterilization Procedure was Performed—*Must be at least **30 days** no more than 180 days from the date of client consent except in cases of premature delivery or emergency abdominal surgery*
- 26) Name of the Sterilization Operation
- 27) Expected Date of Delivery—*Required when there is less than **30 days** between the date of client consent and date of surgery*
- 28) Circumstances of Emergency Surgery—Operative reports detailing the need for emergency abdominal surgery are required
- 29) Physician's Signature—Stamped or computer generated signatures are not acceptable
- 30) Day, Month, and Year the Physician Signed the Physician Statement—this date must be on or after the date of surgery

Funding Source

- 31) Please Circle the Funding Source You Expect the Sterilization to be Paid From—*failure to identify the client's funding source may result in denial of consent validation*